



COMMITTEE ON DENTAL AUXILIARIES
THE DENTAL BOARD OF CALIFORNIA
 1428 HOWE AVENUE, SUITE 58, SACRAMENTO, CA 95825
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REQUEST FOR DUPLICATE/REPLACEMENT LICENSE

Instructions

- (A) Section I & II to be completed by **ALL** applicants.
 (B) If original license **cannot** be returned explain why on line 1.
 (C) When requesting a duplicate license, **original license MUST be returned.**
 (D) When there is a **name change**, documentation **must** be provided: i.e., copy of marriage certificate, divorce decree or court order.

IN ORDER TO PROCESS, FEE(S) MUST BE INCLUDED WITH APPLICATION

SECTION I

1. My reason for making this application is as follows:

SECTION II

1. My name in full as it appears on the records of the California Board of Dental Examiner is _____
 and I hereby make application for a new license to be issued to me under the name of _____
2. Residence Address: _____
3. Business Address: _____
4. Telephone- Home: () _____ Work: () _____
5. Date of Birth: _____
6. I am the person named and the lawful holder of License number: _____

I HEREBY CERTIFY AND/OR DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

 SIGNATURE

 DATE

*Please mark whether you are requesting a duplicate wall license or duplicate pocket license
 Check all that apply*

- () APPLICATION FOR SUBSTITUTE WALL LICENSE.....FEE - \$10.00
 () APPLICATION FOR SUBSTITUTE POCKET I.D.....FEE - \$10.00
 () REGISTERED DENTAL ASSISTANT
 () REGISTERED DENTAL HYGIENIST
 () REGISTERED DENTAL ASSISTANT EXTENDED FUNCTIONS
 () REGISTERED DENTAL HYGIENIST EXTENDED FUNCTIONS